

## Dispatch Criteria

### Medic Response

- 1M1** Unconscious or not breathing
- 1M2** Signs of shock (three required):
  - Diaphoresis
  - Syncope/near syncope when sitting/standing
  - Pale, clammy skin • Nausea
- 1M3** Vomiting red blood, with three signs of shock
- 1M4** Black tarry stool with three signs of shock
- 1M5** Upper abdominal pain, age > 50
- 1M6** Heavy vaginal bleeding (soaked 3 pads/hr.) with three signs of shock
- 1M7** Lower abdominal pain/stomach/back pain, age > 65, with two or more signs of shock

### BLS Red Response

- 1R1** Pain with vomiting
- 1R2** Signs of shock (one required):
  - Diaphoresis
  - Syncope/near syncope when sitting/standing
  - Pale, clammy skin • Nausea
- 1R3** Flank pain/back pain (kidney stone)
- 1R4** Lower abdominal/stomach/back pain (non-traumatic) age >= 50
- 1R5** No verifiable info available from RP
- 1R6**
- 1R7** Breathing Difficulty

### BLS Yellow Response

- 1Y1** Groin injury
- 1Y2** Catheter problem

### TRP

- 1T1** Pain unspecified
- 1T2** Abdominal/stomach/back pain (non-traumatic), age < 50
- 1T3** Chronic back pain
- 1T4** Side pain
- 1T5** Groin pain
- 1T6** Neck/back/shoulder pain (traumatic)

## Vital Points

- Ask to speak directly to the patient, if possible!

### Medic:

- How does the patient look?
- How does the patient feel when he/she sits up?
- Has the patient vomited?
  - If yes**, what does the vomit look like?
- Are the patient's bowel movements different than normal?
  - If yes**, how would you describe them?
- Is the pain above or below the belly button?
- If patient is a woman:
  - Is there a possibility of pregnancy?
  - Has she felt dizzy?
  - Has there been vaginal bleeding, any more than normal?
  - How many pads has she **soaked** in the last hour?

### BLS Red:

- Is the patient able to speak in full sentences?
- Is the patient short of breath?

### Short Report:

- Does the patient have any other medical or surgical history?
- Is the patient wearing a Medic Alert tag?

## Abdominal/Back/Groin Pain

### Pre-arrival Instructions

- If unconscious, go directly to **Unconscious/Breathing Normally - Airway Control (Non-trauma)** Instructions, Section IV.
- Nothing by mouth.
- Allow position of comfort.
- Gather patient meds.

### Short Report

- Danger to field units, if present
- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding

## Dispatch Criteria

### Medic Response

- 5M1** Unconscious or not breathing
- 5M2** Respiratory Distress(one required):
  - Sitting/leaning forward or standing to breathe
  - Speaks in short sentences • Noisy breathing
  - Pale and diaphoretic • Rapid, labored breathing
- 5M3** Breathing difficulty with chest pain:
  - Male/Female, age > 25
- 5M4** Epi pen used by patient/RP
- 5M5**
- 5M6**
- 5M7**
- 5M8**

### BLS Red Response

- 5R1** Breathing difficulty
- 5R2** Tingling or numbness in extremities or around the mouth
- 5R3** No verifiable info available from RP
- 5R4** Breathing difficulty with barking cough, age <= 6
- 5R5** Hurts to breathe or pain with respiration
- 5R6**

### BLS Yellow Response

- 5Y1** O<sub>2</sub> bottle empty
- 5Y2** Pepper spray
- 5Y3** Patient assist
- 5Y4** Hyperventilation/Panic Attack w/history of same

### TRP

- 5T1** Stuffy nose, cold symptoms

## Vital Points

- *Ask to speak directly to the patient, if possible!*

### Medic:

- Is the patient able to speak in full sentences?
- Does the patient have to sit up to breathe?
- Does the patient have to lean forward to breathe?
- Is the patient short of breath?
- What was the patient doing just prior to when he/she became short of breath?
- What substance did the patient inhale?
- Could the patient be having an allergic reaction?
- Is the patient drooling or having a difficult time swallowing?
  - If yes**, is this causing breathing difficulty?
- Is the patient on breathing treatment, or has he/she used it?
- Has the patient ever had this problem before?

### BLS Red:

- Does the patient feel pain? **If yes**, where is the pain located?
- Is the patient experiencing any other problems right now?

### BLS Yellow:

- Is the patient on oxygen?
- **Respiratory Infection Screening for Responder protection and advisement**
- **SEE PRE-ARRIVAL INSTRUCTION\***

### Short Report:

- **If female:** Does she take birth control pills?
- Does the patient have any other medical/surgical history?

## Breathing Difficulty

### Pre-arrival Instructions

- Keep patient calm.
- Patient may be more comfortable sitting up.
- Do not allow patient to exert him/herself.
- Gather patient meds, if possible.

### \*Respiratory Infection Screening -

- \*Does the patient have a fever?

If unknown, are they hot to the touch?

- \*Does the patient have a cough?

If yes, how long has the cough lasted?

- \*Does the patient have a rash?

**Note:** If fever is present with cough or rash, respiratory protection advised

### Short Report

- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- **\*Advise Respiratory Protection**
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding

### Dispatch Criteria

#### Medic Response

- 6M1** Unconscious or not breathing
- 6M2** Obvious DOA:
  - Cold/stiff, age < 1 yr.

#### BLS Red Response

- 6R1** Obvious DOA:
  - Cold/stiff, age  $\geq$  1 yr.
  - Decapitated
  - Burned beyond recognition
- 6R2** Confirmed POLST order on premises

#### BLS Yellow Response

#### TRP

### Vital Points

#### Medic:

**If unsure about consciousness, use questions below to probe further:**

- Does the patient respond to you?
  - Respond to your voice (can they answer your questions)
  - Respond when you try to wake them

**If unsure about breathing normally, interrogate further:**

- Does the patient's chest rise and fall?
- Describe the patient's breathing. Listen for sounds and frequency of breaths (agonal respirations described as):
  - gasping
  - snoring
  - snorting
  - gurgling
  - moaning
  - barely breathing
  - every once in awhile
  - takes breath now and then
  - occasional
  - weak or heavy

**\*\* If R/P cannot tell if the patient is breathing normally, assume the patient is not breathing normally, go directly to Cardiac/Respiratory arrest instructions, Section IV.**

### Cardiac Arrest

#### Pre-arrival Instructions

- If unconscious, go directly to **Unconscious/Breathing Normally - Airway Control (Non-trauma)** Instructions, Section IV
- **Cardiac/Respiratory Arrest** instructions, Section IV. Determine appropriate age group.

#### Short Report

- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding

## Dispatch Criteria

### Medic Response

- 7M1** Unconscious or not breathing
- 7M2** Male, age  $\geq 40$
- 7M3** Female, age  $\geq 45$
- 7M4** Male/female, age  $> 25$  with:
  - Shortness of breath
- 7M5** Rapid heart rate/palpitations with history of same, with or without chest pain
- 7M6** Signs of shock (two required):
  - Diaphoresis
  - Syncope/near syncope when sitting/standing
  - Pale, clammy skin • Nausea
- 7M7**
- 7M8** Defib implant shock

### BLS Red Response

- 7R1** Male, age  $< 40$
- 7R2** Female, age  $< 45$
- 7R3** Rapid heart rate/palpitations, without history
- 7R4** No verifiable info available from RP
- 7R5** Indigestion:
  - Male, age  $\geq 40$
  - Female, age  $\geq 45$

### BLS Yellow Response

- 7Y1** Muscle/chest wall/rib pain

### TRP

- 7T1** Male, age  $< 40$  or  
Female, age  $< 45$  with chest wall trauma
- 7T2** Indigestion:
  - Male, age  $< 40$
  - Female, age  $< 45$

## Vital Points

- Ask to speak directly to the patient, if possible!
- Medic:**
- Where is the pain located?
  - Does the patient feel pain anywhere else in the body?
  - How long has the pain been present?
  - Is the patient able to speak in full sentences?
  - Is the patient short of breath?
  - How does the patient look?
  - How does the patient feel when he/she sits up?
  - Is the patient nauseated or vomiting?
  - Is the patient experiencing rapid heart rate?
  - Does the patient have a history of rapid heart rate?

### Pre-Arrival:

- Is the patient taking nitroglycerin? (See Pre-Arrival Instructions)

### Short Report:

- Has the patient ever had heart surgery or an MI?

## Chest Pain/Discomfort/Heart Problems

### Pre-arrival Instructions

- Have patient sit or lie down.
- Keep patient calm.
- Has the patient been prescribed NTG? If the patient has a prescription for NTG, **and they DO NOT FEEL FAINT OR LIGHTHEADED!** - Advise the patient to take the medication only as their doctor has prescribed.
- Gather patient meds.

### Short Report

- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding

## Dispatch Criteria

### Medic Response

- 15M1** Unconscious or not breathing
- 15M2** Pregnant with heavy vaginal bleeding (soaked 3 pads/ hr) with one or more signs of shock
- 15M3** Signs of shock (three required):
  - Diaphoresis • Pale, clammy skin • Nausea
  - Syncope/near syncope when sitting/standing
- 15M4** Labor pains/contractions:
  - 1st preg., < 2 mins. between contractions
  - 2nd preg., < 5 min. between contractions
  - Prior delivery with labor lasting < 1 hr.
- 15M5** Bleeding, > 20 weeks pregnant
- 15M6** Complications: Breech, abnormal presentation
- 15M7** Delivery
- 15M8** Abdominal injury, with contraction, > 20 weeks
- 15M9** Seizure: • > 20 weeks pregnant

### BLS Red Response

- 15R1** Vaginal bleeding
- 15R2** 1st pregnancy with > 2 mins. between contractions
- 15R3** 2nd pregnancy with > 5 mins. between contractions
- 15R4** Abdominal injury, w/o contractions, > 20 weeks pregnant
- 15R5** Water broke, with contractions
- 15R6** No verifiable info available from RP

### BLS Yellow Response

### TRP

- 15T1** Pregnant < 20 weeks or menstrual, with any of the following:
  - Cramps • Pelvic Pain • Spotting
- 15T2** Water broke, no contractions

## Vital Points

- *Ask to speak directly to the patient, if possible!*

### Medic:

- Is she bleeding?
  - If yes, how many pads an hour?
- How does the patient look?
- How does she feel when she sits up?
- How long has she been having contractions?
- How many minutes between the beginning of one contraction to the beginning of the next?
- Is this the first pregnancy?
- How far along is she?
- Was there an injury?
- Has she had a seizure?
- Does she feel the urge to have a bowel movement?
- If post delivery, is the baby breathing?

### BLS Red:

- Has she had any problems during pregnancy?

## Pregnancy/Childbirth/GYN

### Pre-arrival Instructions

- Do not let patient go to toilet.
- Have patient lie down on left side.
- Keep patient warm.
- Gather patient meds.
- Gather clean clothes or towels
- If childbirth is imminent (baby is crowning) labor pains / contraction and delivery, go directly to **Childbirth** Instructions, Section IV.

### Short Report

- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding

### Dispatch Criteria

#### Medic Response

- 16M1** Not breathing after seizure stops
- 16M2** Extended seizure, > 5 minutes
- 16M3** Multiple seizures, > 3 per hour
- 16M4** Severe headache, prior to seizure
- 16M5** Diabetic
- 16M6** Pregnant > 20 weeks
- 16M7** Seizure secondary to alcohol and/or drug overdose, use or withdrawals
- 16M8** Secondary to head injury within the last 24 hours.
- 16M9**

#### BLS Red Response

- 16R1** First-time seizure
- 16R2** Single seizure with history of seizure disorder
- 16R3** Seizure, unknown history
- 16R4** No verifiable information from RP
- 16R5** Seizure aura
- 16R6**

#### BLS Yellow Response

#### TRP

### Vital Points

- Ask to speak directly to the patient, if possible!
- Medic:**
- How long has the patient been seizing?
- Is the patient still seizing?
- Has the patient had a seizure before?
- Is the patient a diabetic?
- If female, is the woman pregnant?  
    **If yes**, how many weeks pregnant?
- Has the patient taken any:
  - Drugs? • Alcohol? • Medications?
- Has the patient had a recent head injury?  
    **If yes**, when?

#### Short Report:

- Is the patient wearing a Medic Alert tag?

### Seizures

#### Pre-arrival Instructions

- Move anything away from patient that patient could be hurt by striking.
- Do not restrain patient.
- Do not place anything in patient's mouth.
- After seizure has stopped, assess breathing.
- Have patient lie on side.
- If peds seizure, remove clothing to cool patient.
- If unconscious after seizure, go directly to **Unconscious/Breathing Normally - Airway Control (Non-trauma)**, Section IV.
- Gather patient meds.

#### Short Report

- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding

## Dispatch Criteria

### Medic Response

- 20M1** Unconscious/unresponsive: Listless, limp
- 20M2** Able to awaken/appearance: blue lips, mottled, gray-white
- 20M3** Respiratory Distress (one required):
  - Noisy breathing • Rapid, labored breathing
  - Sitting/leaning forward or standing to breathe
  - Speaks in short sentences • Pale and diaphoretic
- 20M4** Seizures: • multiple > 3 per hour  
• extended > 5 min.
- 20M5** Medication overdose, confirmed ingestion < 30 min
- 20M6** Confirmed ingestion of caustic substance w/ difficulty swallowing
- 20M7** Life threatening congenital defects/anomalies
- 20M8** Illness/infection w/rapid onset (< 10 hours) with:
  - dramatic decrease in LOC • Listless, limp or quiet
  - drooling w/difficulty swallowing

### BLS Red Response

- 20R1** Breathing difficulty
- 20R2** Seizures (any one):
  - First time seizure • w/history • w/fever
- 20R3** Medication overdose:
  - Unconfirmed • > 30 min since ingestion
- 20R4** Ingestion of caustic substances:
  - Unconfirmed • No difficulty swallowing
- 20R5** Congenital Health conditions/anomalies with:
  - Not feeling well • Non-specific symptoms
  - RP request for evaluation

### BLS Yellow Response

- 20Y1**
- 20Y2**

### TRP

- 20T1** Minor skin rashes
- 20T2** Ear ache/Teething
- 20T3** Temperature/Fever

## Vital Points

- Ask to speak directly to the patient, if possible!

### Medic:

- Does the child respond to you?
  - How does the child look?
  - What is the child's skin color?
  - Is the child having any difficulty breathing?
  - Was the child eating or did they have something in their mouth?
  - Has the child had a seizure?
  - Has the child been sick?
    - If yes, was it a rapid onset?
    - If yes, how long has the child been sick?
  - Does the child have a fever or feel hot to the touch?
  - Is the child drooling or having a difficult time swallowing?
- Note:** Consider suspicious RP/abuse, check previous events history! Consider police response.
- BLS Red:**
- Does the child have any medical or congenital problems?

## Pediatric Emergencies

### Pre-arrival Instructions

- Keep child calm
- If febrile seizure, remove clothing to cool patient.
- If patient is unconscious and not breathing normally, go directly to **Cardiac/Respiratory Arrest** Instructions, Section IV.

### Short Report

- Danger to field units, if present
- Age
- Gender
- Chief complaint
- Dispatch criteria used to determine response
- Pertinent related symptoms
- Medical/surgical history, if relevant
- Other agencies responding